



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number

10/825,867

Filing Date

April 16, 2004

First Named Inventor

Jason W. Chin

Group Art Unit

1651

Examiner Name

Kagnew H. Gebryesus

Attorney Docket Number

54A-000240US

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
☐ Fee Attached
☒ Amendment / Response
☒ Amendment and Request for Reconsideration
☐ Affidavits/declaration(s)
☐ Extension of Time Request
☒ Receipt Acknowledgement Postcard
☐ Information Disclosure Statement
☐ Certified Copy of Priority Document(s)
☐ Response to Missing Parts/ Incomplete Application
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

- ☐ PTO-1449 Form
☐ Cited References
☐ Copy of PCT Search Report
☐ Copy of EP Search Report
☐ CD, Number of CD(s) _____
☐ Power of Attorney, Revocation Change of Correspondence Address
☐ Terminal Disclaimer
☐ Small Entity Statement
☐ Request for Refund

- ☐ Interview Summary
☒ Request for Continued Examination (RCE)
☐ Request for Corrected Filing receipt
☐ Copy of Filing Receipt - marked up
☐ Status Letter
☐ Additional Enclosure(s) (please identify below):

Authorization to Charge Deposit Account

Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm
or
Individual name

Angela P. Horne, Ph.D., Reg. No. 41,079, Quine Intellectual Property Law Group,

Signature

Angela P. Horne Ph.D.

Date

June 19, 2008

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name

Deborah Barragan

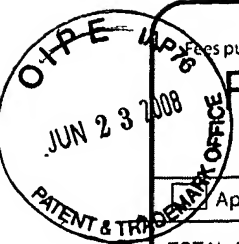
Signature

Deborah Barragan

Date

June 19, 2008

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL **For FY 2008**

Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 810.00

Complete if Known

Application Number	10/825,867
Filing Date	April 16, 2004
First Named Inventor	Jason W. Chin
Examiner Name	Kagnew H. Gebryesus
Art Unit	1651
Attorney Docket No.	54A-000240US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Deposit Account
☒ Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185
Total Claims		
- 20 or HP =		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP =		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: Request for Continued Examination

Other:

Other:

Other:

Other:

Fees Paid (\$)

810.00

SUBMITTED BY

Signature	<u>Angela P. Home</u>	Registration No. (Attorney/Agent)	41,079	Telephone	510-337-7871
Name (Print/Type)	Angela P. Home, Ph.D.	Date	June 19, 2008		